

AUTHORIZATION AND RELEASE

The undersigned has filed a "Declaration of Candidacy" form with the Election Committee of the Peoria Tribe of Indians of Oklahoma.

I have read the Declaration of Candidacy form and know the contents thereof; that the statements contained herein are true and contain a full and true account of the information requested. **I executed this statement with the acknowledgment that misrepresentation or failure to reveal the information requested may be deemed sufficient cause for denial as a candidate for office under the Constitution of the Peoria Tribe of Indians of Oklahoma.** I am voluntarily submitting this application with full knowledge that Article IX, Section 5 of the Constitution of the Peoria Tribe of Indians of Oklahoma provides: "Any member of the Peoria Tribe who is at least twenty-five (25) years of age on the date of the election; and who has never been convicted of a felony in a court of competent jurisdiction, shall qualify as a candidate for membership on the Business Committee or Grievance Committee."

I hereby authorize the Peoria Tribe of Indians of Oklahoma to investigate my criminal history and authorize any person to answer any questions about their experience with me and other pertinent items as stipulated on the submitted Declaration of Candidacy relating to previous felony convictions. I further agree to be fingerprinted at the request of the Tribe and consent to the use of my fingerprints in the background check.

I hereby expressly waive, release, and forever discharge the Peoria Tribe of Indians of Oklahoma, the Election Committee, and their agents from any and all manner of action and causes of action whatsoever that I, my administrators or executors can, shall, or may have against the Peoria Tribe of Indians of Oklahoma, the licensing agency and their agents, as a result of my filing as a candidate for office with the Peoria Tribe of Indians of Oklahoma.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance; and

In witness whereof, I have executed this release at _____, _____
(City) (State)

On this _____ day of _____, 20 _____

Applicant's Signature

State of OKLAHOMA)
) SS.
County of OTTAWA)

Before me the undersigned, a Notary Public in and for said County and State on this _____ day of _____, 20_____, personally appeared _____ personally known to me to be the same person who executed the above instrument.

Notary Public

My Commission Expires:
